

SERFF Tracking #: FDLA-131485133

State Tracking #:

Company Tracking #: AH-5/2-

DNL9LENROLLAMEND030118-  
DC

State: District of Columbia

Filing Company: Dearborn National Life Insurance Company

TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other

Product Name: GTL Amendatory Rider Filing - Enrollment

Project Name/Number: GTL Amendatory Rider Filing - Enrollment/DNL9-L-ENROLL-AMEND 030118

## Filing at a Glance

Company: Dearborn National Life Insurance Company

Product Name: GTL Amendatory Rider Filing - Enrollment

State: District of Columbia

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

Date Submitted: 05/02/2018

SERFF Tr Num: FDLA-131485133

SERFF Status: Closed-APPROVED

State Tr Num:

State Status:

Co Tr Num: AH-5/2-DNL9LENROLLAMEND030118-DC

Implementation: On Approval

Date Requested:

Author(s): Antionette Hill

Reviewer(s): John Rielley (primary)

Disposition Date: 05/08/2018

Disposition Status: APPROVED

Implementation Date: 05/08/2018

**State:** District of Columbia **Filing Company:** Dearborn National Life Insurance Company  
**TOI/Sub-TOI:** L04G Group Life - Term/L04G.500 Other  
**Product Name:** GTL Amendatory Rider Filing - Enrollment  
**Project Name/Number:** GTL Amendatory Rider Filing - Enrollment/DNL9-L-ENROLL-AMEND 030118

## General Information

Project Name: GTL Amendatory Rider Filing - Enrollment Status of Filing in Domicile:  
 Project Number: DNL9-L-ENROLL-AMEND 030118 Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Group  
 Submission Type: New Submission Group Market Size: Small and Large  
 Group Market Type: Employer Overall Rate Impact:  
 Filing Status Changed: 05/08/2018  
 State Status Changed: Deemer Date:  
 Created By: Antionette Hill Submitted By: Antionette Hill  
 Corresponding Filing Tracking Number:

Filing Description:  
 Re:

Dearborn National® Life Insurance Company – NAIC # 71129; FEIN #36-2598882  
 Form no. DNL9-L-ENROLL-AMEND 030118, Certificate Amendment for use with:  
 Group Term Life Insurance Certificate Form no.: FDL1-604-707

Dear Reviewer:

We are submitting for your review and approval the above-referenced amendment for use with group term life insurance certificate form FDL1-604-707. The amendment is new and does not replace any previously approved form. The underlying certificate form was approved by your Department on August 6, 2009 under SERFF Tracking no. FDLA-126229203.

This amendment is intended to offer group policyholders options to allow current employers/members more opportunities to elect coverage without having to meet traditional Evidence of Insurability requirements, and without changing the agreed to rules for new hires/members.

The amendment has four separate sections. The first section would be used for new issues where the policyholder wishes to hold a one-time open enrollment period. The second section would be used for when an in-force group wishes to hold a one-time open enrollment period. Sections 3 and 4 mirror sections 1 and 2 and are used for dependent coverage elections.

Regarding the use of brackets and underlining throughout the amendment, brackets show options of text that may or may not be offered. We reserve the right not to show these items if they are not offered. Underlines show text that can change. The underlined text represents our standard design and underwriting guidelines; however, text may vary to comply with specific state requirements or to accommodate the request of a large group requesting customization. A statement of Variable Text is attached.

Dearborn National's group products are marketed in your state to employer groups by licensed resident agents.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction. If you have any questions or need additional information, please contact me at 1-800-348-4512, ext. 5744, 1-630-458-5744, or Antionette\_Hill@dearbornnational.com.

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## Company and Contact

### Filing Contact Information

Antionette Hill, Advanced Contract  
Specialist

Antionette\_Hill@dearbornnational.com

701 E. 22nd Street

630-458-5744 [Phone]

3rd Floor

630-458-5777 [FAX]

Lombard, IL 60148

### Filing Company Information

Dearborn National Life Insurance  
Company

CoCode: 71129

State of Domicile: Illinois

1020 31st Street

Group Code: 917

Company Type: Life and

Downers Grove, IL 60515-5591

Group Name:

Health

(800) 348-4512 ext. [Phone]

FEIN Number: 36-2598882

State ID Number:

## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

<b>SERFF Tracking #:</b>	FDLA-131485133	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	AH-5/2-DNL9LENROLLAMEND030118-DC
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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Dearborn National Life Insurance Company
<b>TOI/Sub-TOI:</b>	L04G Group Life - Term/L04G.500 Other		
<b>Product Name:</b>	GTL Amendatory Rider Filing - Enrollment		
<b>Project Name/Number:</b>	GTL Amendatory Rider Filing - Enrollment/DNL9-L-ENROLL-AMEND 030118		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	John Rielley	05/08/2018	05/08/2018

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Dearborn National Life Insurance Company
<b>TOI/Sub-TOI:</b>	L04G Group Life - Term/L04G.500 Other		
<b>Product Name:</b>	GTL Amendatory Rider Filing - Enrollment		
<b>Project Name/Number:</b>	GTL Amendatory Rider Filing - Enrollment/DNL9-L-ENROLL-AMEND 030118		

## Disposition

Disposition Date: 05/08/2018

Implementation Date: 05/08/2018

Status: APPROVED

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanation of Variable Text	APPROVED	Yes
Supporting Document	Readability Certification	APPROVED	Yes
Form	GTL - Certificate Amendment	APPROVED	Yes

**State:** District of Columbia      **Filing Company:** Dearborn National Life Insurance Company  
**TOI/Sub-TOI:** L04G Group Life - Term/L04G.500 Other  
**Product Name:** GTL Amendatory Rider Filing - Enrollment  
**Project Name/Number:** GTL Amendatory Rider Filing - Enrollment/DNL9-L-ENROLL-AMEND 030118

## Form Schedule

Lead Form Number: DNL9-L-ENROLL-AMEND 030118								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	APPROVED 05/08/2018	GTL - Certificate Amendment	DNL9-L-ENROLL-AMEND 030118	CERA	Initial		43.100	DNL9-L-ENROLL-AMEND 030118.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

**DEARBORN NATIONAL® LIFE INSURANCE COMPANY**  
**Chicago, Illinois**

**CERTIFICATE AMENDMENT**

**Policyholder:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

This Amendment, effective June 1, 2018, is part of the Certificate to which it is attached. It is subject to all provisions of the Certificate not in conflict with the provisions of this Amendment.

[This Certificate is amended to include a one-time special Enrollment period for [Supplemental] [Voluntary] life insurance that will begin on \_\_\_\_\_ and end on \_\_\_\_\_. During this one-time special Enrollment period, *You* may enroll for coverage, apply for additional coverage or request changes to *Your* existing coverage up to the [Guarantee Issue Benefit Limit as stated in the Schedule of Benefits] [modified Guarantee Issue Limit of \_\_\_\_\_].

Benefits elected during the one-time special Enrollment period, up to the [modified Guarantee] [Guarantee] Issue Limit, will not be subject to the Evidence of Insurability requirements stated in *Your* Certificate of Insurance.

[If *You* have previously applied for coverage as a Late Applicant and were declined [during the last two years] *You* are not eligible for this one-time special Enrollment offer.] ]

[This Certificate is amended to include a one-time special Enrollment period for [Supplemental] [Voluntary] life insurance that will begin on \_\_\_\_\_ and end on \_\_\_\_\_ [for those enrollees with existing coverage] [for all eligible *Employees*]. During this one-time special Enrollment period, *You* may [elect coverage or] increase your existing coverage [amount by one increment[s] of \_\_\_\_\_] up to the [Guarantee Issue Benefit Limit as stated in the Schedule of Benefits] [modified Guarantee issue Limit of \_\_\_\_\_].

Benefits elected during the one-time special Enrollment period, up to the [modified Guarantee] [Guarantee] Issue Limit, will not be subject to the Evidence of Insurability requirements stated in *Your* Certificate of Insurance.

[If *You* have previously applied for coverage as a Late Applicant and were declined [during the last two years] *You* are not eligible for this one-time special Enrollment offer.] ]

[This Certificate is amended to include a one-time special Enrollment period for [Supplemental] [Voluntary] life insurance that will begin on \_\_\_\_\_ and end on \_\_\_\_\_. During this one-time special Enrollment period, *You* may enroll for [Dependent] [Spouse][Child] coverage, apply for additional [Dependent] [Spouse][Child] coverage or request changes to *Your* existing [Dependent][Spouse][Child] coverage up to the [Guarantee Issue Benefit Limit as stated in the Schedule of Benefits] [modified Guarantee issue Limit of \_\_\_\_\_].

Benefits elected during the one-time special Enrollment period, up to the [modified Guarantee] [Guarantee] Issue Limit, will not be subject to the Evidence of Insurability requirements stated in *Your* Certificate of Insurance.

[If *Your* [Dependents] [Spouse][Child] [have][has] previously applied for coverage as a Late Applicant and [was][were] declined [during the last two years] *Your* [Dependents][Spouse][Child][is][are] not eligible for this one-time special Enrollment offer.] ]

[This Certificate is amended to include a one-time special Enrollment period for [Supplemental] [Voluntary] life insurance that will begin on \_\_\_\_\_ and end on \_\_\_\_\_ [for [Dependents] [Spouse][Child]with existing coverage] [for all eligible [Spouses][Children][Dependents]. During this one-time special Enrollment period, *You* may [elect coverage or] increase *your* [Dependents'] [Spouse's][Child's]existing coverage [amount by one increment[s] of \_\_\_\_\_] up to the [Spouse][Child] [Dependent] [Guarantee Issue Benefit Limit as stated in the Schedule of Benefits] [modified Guarantee issue Limit of \_\_\_\_\_].

Benefits elected during the one-time special Enrollment period, up to the [modified Guarantee] [Guarantee] Issue Limit, will not be subject to the Evidence of Insurability requirements stated in *Your* Certificate of Insurance.

[If *Your* [Spouse][Child] [Dependents] [have][has] previously applied for coverage as a Late Applicant and [was][were] declined [during the last two years] *Your* [Spouse][Child] [Dependents] [is][are] not eligible for this one-time special Enrollment offer.] ]

Nothing contained in this Amendment shall be held to alter or affect any provision or condition of your coverage other than as stated above.
--

[  ]

President

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Dearborn National Life Insurance Company
<b>TOI/Sub-TOI:</b>	L04G Group Life - Term/L04G.500 Other		
<b>Product Name:</b>	GTL Amendatory Rider Filing - Enrollment		
<b>Project Name/Number:</b>	GTL Amendatory Rider Filing - Enrollment/DNL9-L-ENROLL-AMEND 030118		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Explanation of Variable Text
<b>Comments:</b>	add
<b>Attachment(s):</b>	EOVT DNL9-L- ENROLL-AMEND 030118.pdf
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/08/2018

<b>Satisfied - Item:</b>	Readability Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	Readability Certification.doc.pdf
<b>Item Status:</b>	APPROVED
<b>Status Date:</b>	05/08/2018

**Dearborn National® Life Insurance Company**  
**Certificate Amendment for Certificate forms FDL1-604-707**  
**Form Number: DNL9-L-ENROLL-AMEND 030118**  
**Explanation of Variable Text**  
**May 1, 2018**

- Bracketed items denote text that is either included or excluded based on coverage elected, i.e. optional benefits or spouse/children.

Location / Variable Text	Explanation
Administrative Office:  <u>1020 31st Street</u> <u>Downers Grove, Illinois 60515</u>	Company administrative office variable to allow a change if the administrative duties move to a new location.
Policyholder	The Policyholder's name will be entered on the line.
Policy Number	The Policy Number will be entered on the line.
effective <u>June 1, 2018</u>	The effective date of the Amendment is variable to allow the date to change based on the date the benefit was added to the group policyholder's coverage.
Page numbers	The number of pages will depend on the enrollment selections of the group.
First bracketed section	Entire 1 <sup>st</sup> paragraph will be used for one-time special open enrollments for new business at request of group policyholder.
[Supplemental] [Voluntary]	Supplemental will be used when the policyholder has Supplemental life insurance. Voluntary will be used when the policyholder has Voluntary life insurance.
"...that will begin on _____ and end on _____."	Dates will be entered based on the date the group policyholder elects.
[Guarantee Issue Benefit Limit as stated in the Schedule of Benefits]	Will be included when the offer is for the entire Guarantee Issue amount.
[modified Guarantee Issue Limit of _____]	Will be included when a lower Guarantee Issue amount is being offered to current employees who wish to join or increase coverage at this time. The Modified Guarantee Issue amount will be inserted on the line.
[modified Guarantee]	Will be included when a lower Guarantee Issue amount is being offered to current employees who wish to join or increase coverage at this time.
[Guarantee]	Will be included when the offer is for the entire Guarantee Issue amount
[If <i>You</i> have previously applied for coverage as a Late Applicant and were declined [during the last two years] <i>You</i> are not eligible for this one-time special Enrollment offer.]	Entire sentence is standardly included. It can be removed if requested by the Employer if the special enrollment is being offered to all current employees, including those who previously applied for coverage as a late applicant and were declined.
[during the last <u>two years</u> ]	This will be standardly included. It may be removed at the request of the Employer if they wish to remove the timeframe. Two years may be reduced or increased at the request of the Employer if

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**May 1, 2018**

Location / Variable Text	Explanation
	the Employer wishes to change the timeframe.
2 <sup>nd</sup> bracketed section	Entire paragraph will be used for one time special open enrollments for in-force group business when requested by group policyholder.
[Supplemental] [Voluntary]	Supplemental will be used when the policyholder has Supplemental life insurance. Voluntary will be used when the policyholder has Voluntary life insurance.
“...that will begin on _____ and end on _____.”	Dates will be entered based on the date the group policyholder elects.
[for those enrollees with existing coverage]	Will be included when the Employer wishes to offer an open enrollment only to those employees who are currently participating in the plan.
[for all eligible <i>Employees</i> ]	Will be included when the Employer wishes to offer an open enrollment to all current employees, not just those who currently participate in the plan.
[elect coverage or]	Will be included when the special open enrollment is being offered to all employees, including those who are not currently participating in the plan.
[amount by <u>one</u> increment[s] of _____]	Will be included when Employees who are currently participating in the plan can increase by a set limit, such as one increment. [s] is used when the offer is for more than one increment. The underline will be filled in with the increment amount, such as \$10,000 or one times salary.
[Guarantee Issue Benefit Limit as stated in the Schedule of Benefits]	Will be included when Employees can buy up to the entire Guarantee Issue benefit.
[modified Guarantee issue Limit of _____]	Will be included when Employees can buy up to a modified Guarantee Issue limit, which is a lower amount than the full Guarantee Issue benefit set for new employees. The underline will be filled in with the Modified Guarantee Issue limit.
[modified Guarantee]	Will be included when Employees can buy up to a modified Guarantee Issue limit, which is a lower amount than the full Guarantee Issue benefit set for new employees.
[Guarantee]	Will be included when Employees can buy up to the entire Guarantee Issue benefit.
[If <i>You</i> have previously applied for coverage as a Late Applicant and were declined [during the last <u>two years</u> ] <i>You</i> are not eligible for this one-time special Enrollment offer. ]	Entire sentence is standardly included. It can be removed if requested by the Employer if the special enrollment is being offered to all current employees, including those who previously applied for coverage as a late applicant and were declined.
[during the last <u>two years</u> ]	This will be standardly included. It may be removed at the request of the Employer if they wish to remove the timeframe. Two years may be reduced or increased at the request of the Employer if the Employer wishes to change the timeframe.
3 <sup>rd</sup> bracketed section	Entire paragraph will be used for one time special open enrollments for

**Dearborn National® Life Insurance Company**  
**Certificate Amendment for Certificate forms FDL1-604-707**  
**Form Number: DNL9-L-ENROLL-AMEND 030118**  
**Explanation of Variable Text**  
**May 1, 2018**

Location / Variable Text	Explanation
	new groups for dependent coverage.
[Supplemental] [Voluntary]	Supplemental will be used when the policyholder has Supplemental life insurance. Voluntary will be used when the policyholder has Voluntary life insurance.
“...that will begin on _____ and end on _____.”	Dates will be entered based on the date the group policyholder elects.
[Dependent] [Spouse][Child]	Throughout Amendment, each term is included or excluded based on coverage elected, i.e. spouse/children.
[Guarantee Issue Benefit Limit as stated in the Schedule of Benefits]	Will be included when the offer is for the entire Guarantee Issue amount.
[modified Guarantee Issue Limit of _____]	Will be included when a lower Guarantee Issue amount is being offered to dependents of current employees who wish to join or increase coverage at this time. The underline will be filled with the modified Guarantee Issue Limit.
[modified Guarantee]	Will be included when a lower Guarantee Issue amount is being offered to dependents of current employees who wish to join or increase coverage at this time.
[Guarantee]	Will be included when the offer is for the entire Guarantee Issue amount.
[If Your [Dependents] [Spouse][Child] [have][has] previously applied for coverage as a Late Applicant and [was][were] declined [during the last two years] Your [Dependents][Spouse][Child][is][are] not eligible for this one-time special Enrollment offer. ]	Entire sentence is standardly included. It can be removed if requested by the Employer if the special enrollment is being offered to all current employee's dependents, including those who previously applied for coverage as a late applicant and were declined.  [Have]/[has]; [was]/[were] [is][are] – correct grammatical phrase will be used based on coverage elected.
[during the last two years]	This will be standardly included. It may be removed at the request of the Employer if they wish to remove the timeframe. Two years may be reduced or increased at the request of the Employer if the Employer wishes to change the timeframe.
4 <sup>th</sup> bracketed section	Entire paragraph will be used for one time special open enrollments for in-force groups for dependent coverage.
[Supplemental] [Voluntary]	Supplemental will be used when the policyholder has Supplemental life insurance. Voluntary will be used when the policyholder has Voluntary life insurance.
“...that will begin on _____ and end on _____.”	Dates will be entered based on the date the group policyholder elects.
[Dependent] [Spouse][Child]	Throughout Amendment, each term is included or excluded based on coverage elected, i.e. spouse/children.
[for [Dependents] [Spouse][Child]with existing coverage]	Phrase will be included when the Employer wishes to offer an open enrollment only to those employees' dependents who are currently

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**Certificate Amendment for Certificate forms FDL1-604-707**  
**Form Number: DNL9-L-ENROLL-AMEND 030118**  
**Explanation of Variable Text**  
**May 1, 2018**

Location / Variable Text	Explanation
	participating in the plan.
[for all eligible [Spouses]][Children][Dependents]	Phase will be included when the Employer wishes to offer an open enrollment to all employees' dependents, not just those who currently participate in the plan.
[elect coverage or]	Phase will be included when the Employer wishes to offer an open enrollment to all employees' dependents, not just those who currently participate in the plan.
[amount by <u>one</u> increment[s] of _____]	Phrase will be included when the Employer wishes to offer an open enrollment only to those employees' dependents who are currently participating in the plan. [s] is used when the offer is for more than one increment. The underline will be filled in with the increment amount, such as \$5,000.
[Guarantee Issue Benefit Limit as stated in the Schedule of Benefits]	Will be included when Employees can buy dependent coverage up to the entire dependent Guarantee Issue benefit.
[modified Guarantee Issue Limit of _____]	Phrase included when a lower dependent Guarantee Issue amount is being offered to dependents of current employees who wish to join or increase coverage at this time. The underline will be filled with the modified dependent Guarantee Issue amount.
[modified Guarantee]	Phrase included when a lower dependent Guarantee Issue amount is being offered to dependents of current employees who wish to join or increase coverage at this time.
[Guarantee]	Will be included when Employees can buy dependent coverage up to the entire dependent Guarantee Issue benefit.
[If Your [Spouse][Child] [Dependents] [have][has] previously applied for coverage as a Late Applicant and were declined [during the last <u>two years</u> ] Your [Spouse][Child] [Dependents] [is][are] not eligible for this one-time special Enrollment offer. ]	Entire sentence is standardly included. It can be removed if requested by the Employer if the special enrollment is being offered to all current employee's dependents, including those who previously applied for coverage as a late applicant and were declined.  [Have]/[has]; [was]/[were] [is][are] – correct grammatical phrase will be used based on coverage elected.
[during the last <u>two years</u> ]	This will be standardly included. It may be removed at the request of the Employer if they wish to remove the timeframe. Two years may be reduced or increased at the request of the Employer if the Employer wishes to change the timeframe.
President signature	Variable to allow a change if the company president changes.

**DEARBORN NATIONAL<sup>®</sup> LIFE INSURANCE COMPANY**

**READABILITY CERTIFICATION**

This is to certify that the form listed below complies with the readability requirements of the state in which it is being submitted for approval

The Flesch Test for the listed matrix paragraphs was applied to the amendment form in its entirety, except that titles, major headings and subheadings, and tables were excluded.

I hereby certify that the following (forms) achieved a Flesch reading ease test score of:

<b><u>Form Description</u></b>	<b><u>Form Number</u></b>	<b><u>Flesch Score</u></b>
Group Term Life Insurance Certificate Amendment	DNL9-L-ENROLL-AMEND 030118	43.1

Dearborn National Life Insurance Company



By:  
Claire C. Burke  
VP Finance & Compliance Management, Treasurer

Date: March 9, 2018